STATE OF UTAH
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING
APPLICATION FOR LICENSURE

PHARMACY

DOPL-AP-004 REV 03/20/2002

APPLICATION INSTRUCTIONS AND INFORMATION

General Statement: The Division desires to provide courteous and timely service to all applicants for licensure. To maximize its efficiency and level of service, the Division will process complete applications only. **A complete application includes all applicable supporting documents and fees.** The fees are for processing your application and will not be refunded. Failure to complete the application and supply all necessary information may result in denial of licensure. Please read all instructions carefully.

Address of Record: The address listed on the application will be your address of record. All correspondence from the Division will be sent to that address. It is your responsibility to directly notify the Division of any change in address. Please note that the address of record is public information and is available upon request and via the internet.

Supporting Documents and Fees:

1. Submit the $100.00 non-refundable application processing fee for a Pharmacy License.

2. Submit the $90.00 non-refundable application processing fee for a Utah Controlled Substance License, if the pharmacy will be dispensing controlled substances within or into Utah.

3. If you are applying for licensure as an **out-of-state mail order pharmacy**, submit the following.

   - ❑ A certified letter from the licensing authority of the state in which the pharmacy is located attesting to the fact that the pharmacy is licensed in good standing and is in compliance with all laws and regulations of that state.

   - ❑ A copy of the most recent state inspection showing the status of compliance with laws and regulations for physical facility, records, and operations.

4. If you are applying for licensure as a **branch pharmacy**, submit the following:

   - ❑ A formulary of prescription drugs to be prepackaged, including name of drug, dosage

strength, and dosage units.

- A summary of your operating protocol, including the conditions under which the drugs will be stored, used, and accounted for.

- A summary of the method by which drugs will be transported from the parent pharmacy to the branch pharmacy and accounted for by the branch pharmacy.

- A description of how your records will be kept and audits and inventories dealt with in regard to: the formulary, drugs sent and received, drugs dispensed, frequency and method of inventories and controls.

Additional Important Information:

1. **Laws and Rules:** You are required to understand all Utah laws and rules pertaining to your practice.

   The following applicable laws and rules are available on the Internet at http://www.dopl.utah.gov

   You may also purchase them for a fee from Experior, 5486 South 1900 West, Suite C, Taylorsville, Utah 84118, (801) 355-5009.

   - Division of Occupational & Professional Licensing Act
   - General Rules of the Division of Occupational & Professional Licensing
   - Pharmacy Practice Act
   - Pharmacy Practice Act Rules
   - Utah Controlled Substances Act
   - Utah Controlled Substances Act Rules

2. **Board Interview**: An applicant may be required to appear before the State Board of Pharmacy. If needed, after we receive your completed application, you will be notified to schedule an interview. The Board usually meets the fourth Tuesday of each month.

3. **Pharmacy Inspection:** As a requirement for licensure, all in-state facilities must pass an inspection. The Division will schedule an inspection of the facility. All out-of-state mail order pharmacies must include a copy of the most recent inspection conducted by the state in which the dispensing facility is located.

4. **Patient Counseling:** A pharmacist or pharmacy intern in a retail pharmacy, out-of-state mail order pharmacy, or institutional pharmacy shall orally offer to counsel a patient or a patient's agent in a personal face to face discussion with respect to each prescription drug dispensed, if the patient or patient's agent:

- ❑ delivers the prescription in person to the pharmacist, pharmacy intern, or pharmacy technician with instructions that the dispensed prescription drug be mailed or otherwise delivered to the patient outside of the drug outlet; or

- ❑ receives the drug in person at the time it is dispensed at the drug outlet.

A pharmacist or pharmacy intern in a retail pharmacy, out-of-state mail service pharmacy, or institutional pharmacy shall provide each patient, in writing, competent counseling, and shall provide the patient with a toll-free telephone number by which the patient may contact a competent pharmacist at the dispensing pharmacy during normal business hours and receive oral counseling, with respect to each prescription drug dispensed if the patient provides or the prescription is otherwise provided to the drug outlet by a means other than personal delivery, and the dispensed prescription drug is mailed or otherwise delivered to the patient outside of the drug outlet.

5. **Controlled Substance Database:** Section 58-37-7.5 of the Utah Controlled Substances Act requires pharmacies to report data regarding every prescription for a controlled substance dispensed in Utah. Once licensed, you will be contacted by the Database Manager for further information.

6. **Wholesaler/Distributor:** Utah licensure is required if drugs are stored in or distributed from any facility physically located in Utah. If there are no facilities in Utah, but drugs are shipped into Utah, licensure is required in the state of domicile, but Utah licensure is not required.

7. **Expiration Dates:** Pharmacy licenses expire May 31, odd years.

Unlike many other states, Utah's license renewal schedule **is not** based on an individual licensee's date of initial licensure. Under Utah's renewal system, all licensees in each profession expire as a group, on the same day, every two years. Therefore, the length of a licensee's first renewal cycle depends on how far into the current renewal cycle initial licensure was obtained. Each renewal cycle thereafter is for a full two years.

Additionally, the fee paid with this application for licensure is an application processing fee only. It does not include a renewal fee. Each licensee is responsible to renew his/her license **PRIOR** to the expiration date shown on the current license. Renewal information is disseminated to each licensee at the licensee's last known address, as provided to the Division, approximately three months prior to the expiration date shown on the license.

Make Licensure Fees Payable To:

DOPL

Mail Complete Application To:

By U.S. Mail

Division of Occupational & Professional Licensing
P.O. Box 146741
Salt Lake City, Utah 84114-6741

By Delivery or Express Mail

Division of Occupational & Professional Licensing
160 East 300 South, 1st Floor Lobby
Salt Lake City, Utah 84111

Telephone Numbers:

Direct Dial:	(801) 530-6628
Utah Toll Free:	(866) ASK-DOPL (866) 275-3675

Fax Number: (801) 530-6511

APPLICATION FOR LICENSE or CERTIFICATE or REGISTRATION

The business legal name is the name which will appear on the license. This is normally the name registered with the Division of Corporations. If there is a fictitious business name (doing business as), list that name also, e.g., XYZ Corporation dba XYZ Pharmacy. If the applicant is not required to be registered with the Division of Corporations, it is the name of the pharmacy or facility where the licensed activity is to be conducted. The physical location and mailing address is the actual location at which the licensed activity will be conducted and is the address where the Division will send all mail.

APPLICATION FOR (Check all that apply):

_____Utah Controlled Substance License
_____Branch Pharmacy
_____Hospital Pharmacy
_____Institutional Pharmacy
_____Nuclear Pharmacy
_____Out-of-State Mail Order
_____Analytical Laboratory
_____ Pharmaceutical Administration Facility
_____Pharmaceutical Manufacturer
_____Pharmaceutical Wholesaler/Distributor
_____Pharmaceutical Teaching Orgainization
_____Retail Pharmacy
_____Veterinary Pharmaceutical Outlet

BUSINESS LEGAL NAME:_____

PHYSICAL LOCATION AND MAILING ADDRESS:

Street:_____

City:_____State:_____Zip:_____

County: _____Telephone:(_____)_____

DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY

License/Certificate Number: _____

Date License/Certificate Approved:_____

Approved By: _____

Date License/Certificate Denied: _____

Denied By: _____

CONTACT PERSON FOR LICENSING PURPOSES:

Name: _____

Mailing Address: _____

City: _____State: _____Zip: _____

Telephone: _____Fax: _____

DISCLOSURE OF NATURE OF BUSINESS (Use additional sheets if necessary):

_____

_____

_____

_____

_____

_____

_____

REASON FOR APPLICATION:

Answer "yes" or "no"

_____New Facility _____Change of Name

_____Change of Location _____Change of Ownership

CHANGE OF LOCATION OR REMODELING:

Utah Pharmacy License Number: _____

Utah Controlled Substance License Number: _____

Proposed New Address or Relocation within the Facility: _____

Proposed Date of Relocation or Remodeling: _____

CHANGE OF OWNERSHIP OR TAKEOVER OF EXISTING PHARMACY:

Name as Formerly Licensed: _____

Utah Pharmacy License Number: _____

Utah Controlled Substance License Number: _____

Effective Date of Ownership Change: _____

FOR A RETAIL PHARMACY, HOSPITAL PHARMACY, OUT-OF-STATE MAIL ORDER PHARMACY, INSTITUTIONAL PHARMACY, PHARMACEUTICAL ADMINISTRATION FACILITY, BRANCH PHARMACY, NUCLEAR PHARMACY, OR VETERINARY PHARMACEUTICAL OUTLET:

Name of Pharmacist-In-Charge:_____

State of Licensure: _____ Pharmacist License Number: _____

Controlled Substance License Number: _____

Address:_____

Telephone Number:_____

FOR AN OUT-OF-STATE MAIL ORDER PHARMACY:

State in Which Facility is Located:_____

License Number:_____

Category or Classification of License:_____

Date of Last Inspection by Licensing Authority: _____/_____/_____

Patient Toll Free Contact Telephone Number:_____

Availability For Patient Counseling: Days: _____ Hours:_____

Answer "yes" or "no"

_____A certified letter from the licensing authority of the state in which the pharmacy is located attesting to the fact that the pharmacy is licensed in good standing and is in compliance with all laws and regulations of that state, is included with this application.

_____A copy of the Pharmacist in charge current license is attached.

_____A copy of the most recent state inspection showing the status of compliance with laws and regulations for physical facility, records, and operations, is included with this application.

_____The pharmacy provides each patient with written competent counseling.

_____The pharmacy provides each patient with a toll-free telephone number by which the patient may contact a competent pharmacist at the pharmacy during normal business hours to receive oral counseling.

AFFIDAVIT

I _____, affirm that _____ Pharmacy will cooperate with all lawful requests and directions of the licensing authority of the state of domicile relating to the shipment, mailing, or delivery of dispensed legend drugs into Utah.

_____ _____

Signature Date

FOR A PHARMACEUTICAL WHOLESALER, DISTRIBUTOR OR MANUFACTURER:

Name of Responsible Officer/Management Employee:_____

List All Trade or Business Names Used:_____

_____

Complete for **each facility** used for storage, handling, distribution and/or manufacturing of prescription drugs. Use additional sheets if necessary:

1. Contact Person:_____

Phone: _____ Soc. Sec. No.:_____

Facility Name:_____
Facility Address:_____

2. Contact Person:_____

Phone: _____ Soc. Sec. No.:_____

Facility Name:_____

Facility Address:_____

3. Contact Person:_____
Phone: _____ Soc. Sec. No.:_____

Facility Name:_____

Facility Address:_____

FDA Number (manufacturers only):_____
List past experience in the manufacture or distribution of prescription drugs, including controlled substances. Use additional sheets if necessary.

_____

_____

_____

FOR A BRANCH PHARMACY (To be completed by the pharmacist-in-charge of the parent pharmacy):

LOCATION:

Address:_____

Identify the distance between or from all nearby alternative pharmacies and all other factors affecting access of persons in the area to alternative pharmacy resources. Use additional sheets if necessary.

_____

_____

_____

Describe the facility in which the branch pharmacy is to be located. Use additional sheets if necessary.

_____

_____

_____

_____

STAFF: List all persons who will dispense prescription drugs at the branch pharmacy. Use additional sheets if necessary.

Name:_____Position:_____

License Classification:_____Lic. No.:_____

Name:_____Position:_____

License Classification:_____Lic. No.:_____

Name:_____Position:_____

License Classification:_____Lic. No.:_____

PARENT PHARMACY:

Name:_____

Address:_____

Telephone:_____

Utah Pharmacy License Number: _____

Utah Controlled Substance License Number: _____

Parent Pharmacy Supervising Pharmacist Willing to Assume Responsibility as Pharmacist-In-Charge for the Branch Pharmacy:

Name:_____

Telephone:_____

Utah Pharmacist License Number: _____

Utah Controlled Substance License Number:_____

Answer “Yes” or “No”

_____ A formulary of prescription drugs to be prepackaged, including name of drug, dosage strength, and dosage units, is included with this application.

_____ A summary of operating protocol, including the conditions under which the drugs will be stored, used, and accounted for, is included with this application.

_____ A summary of the method by which drugs will be transported form the parent pharmacy to the branch pharmacy and accounted for by the branch pharmacy, is included with this application.

_____ A description of how records will be kept and audits and inventories dealt with in regard to: the formulary, drugs sent and received, drugs dispensed, frequency and method of inventories and controls, is included with this application.

FOR A NUCLEAR PHARMACY:

Answer "yes" or "no"

_____Is the Pharmacist-In-Charge certified by the Board of Pharmaceutical Specialists in Nuclear Pharmacy or have equivalent classroom and laboratory training and experience as required by the Utah Radiation Control Rules?

_____Does the pharmacy have a current Utah Radioactive Materials License?

FOR AN ANALYTICAL LABORATORY:

Laboratory Director Name:_____

Lab Director Address:_____

PROTOCOL: Describe how prescription drugs will be purchased, stored, used, and accounted for. Use additional sheets if necessary.

_____

PHARMACY QUALIFYING QUESTIONNAIRE

Answer "yes" or "no" for each question. Do not leave any question blank.

1. _____Have you ever applied for or received a license from the Division of Occupational and Professional Licensing under any name other than the name listed on this application?

2. _____Have all owners, officers, managers, pharmacists, and pharmacy technicians associated with or employed by the applicant read, and does each understand the Pharmacy Practice Act, the Utah Controlled Substances Act, and their rules?

3. _____Has any owner, officer, manager, pharmacist, or pharmacy technician associated with or employed by the applicant ever been permitted to surrender their registration to sell, possess, prescribe, dispense, or administer controlled substances while under investigation or while action was pending against them by any professional licensing agency, hospital or other health care facility, medical staff, medical society, or criminal or administrative jurisdiction?

4. _____Has any owner, officer, manager, pharmacist, or pharmacy technician associated with or employed by the applicant, ever had any license denied, conditioned, curtailed, limited, restricted, suspended, or revoked by federal, state, or local government?

5. _____Has any owner, officer, manager, pharmacist, or pharmacy technician associated with or employed by the applicant ever had a federal or state registration to sell, possess, prescribe, dispense, or administer controlled substances denied, conditioned, curtailed, limited, restricted, suspended or revoked in any way by either the federal Drug Enforcement Administration or any state drug enforcement agency?

6. _____Is any disciplinary action pending against any owner, officer, manager, pharmacist, or pharmacy technician associated with or employed by the applicant now by any professional or pharmacy licensing agency?

7. _____Is any action pending against any owner, officer, manager, pharmacist, or pharmacy technician associated with or employed by the applicant now by either the federal Drug Enforcement Administration or any state drug enforcement agency?

8. _____Is any owner, officer, manager, pharmacist, or pharmacy technician associated with or employed by the applicant currently using or have they recently used any drugs (including

recreational drugs) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?

9. _____Has any owner, officer, manager, pharmacist, or pharmacy technician associated with or employed by the applicant ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which they have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which they have not otherwise been successfully rehabilitated?

10. _____Has any owner, officer, manager, pharmacist, or pharmacy technician associated with or employed by the applicant ever been arrested for, charged with, pled guilty or no contest to, or been convicted of a misdemeanor or felony charge in any jurisdiction during the last 10 years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed, however, minor traffic offenses such as parking or speeding violations need not be listed.

If you answer "yes" to question 10 you must include with your application a copy of the police report, court docket, and any probation/parole officer report for EACH and EVERY arrest and/or conviction within the past ten years.

11. _____Have there been any convictions of any owner, officer, manager, pharmacist, or pharmacy technician associated with or employed by the applicant, under any federal, state or local laws relating to the distribution or manufacturing or prescription drugs, drug samples, controlled substances or controlled substance precursors?

12. _____Have there been any convictions of any owner, officer, manager, pharmacist, or pharmacy technician associated with or employed by the applicant, of a criminal offense or a finding of unprofessional conduct which when considered with the activity of distributing or manufacturing prescription drugs indicate there is or may reasonably be a threat to the public health, safety or welfare?

13. _____Has any owner, officer, manager, pharmacist, or pharmacy technician associated with or employed by the applicant ever been incarcerated for any reason in any Federal, State or County Correctional Facility?

If you answered "yes" to any of the above question, please enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

A "yes" answer does not necessarily mean that you will not be granted a license; however, additional documentation may be requested by the Division if the information submitted is insufficient.

CONTROLLED SUBSTANCE DATABASE QUESTIONNAIRE

To be completed by the pharmacist-in-charge of all in-state and out-of-state drug outlets that dispense controlled substances in Utah to any person other than an inpatient in a licensed health care facility.

Pharmacist-In-Charge:_____

Pharmacy Name:_____

Pharmacy Address:_____

Telephone Contact Number.:_____

Type of Pharmacy:_____

Software Vendor:

_____Foundation _____NDC _____PDX

_____ZADALL _____3PM/McKesson_____Other, _____

NABP Number:_____

Anticipated Date of Beginning Operation:_____

Answer "yes" or "no"

_____I am the pharmacist-in-charge of the above named drug outlet.

_____I will submit all required data regarding every prescription for a controlled substance dispensed in Utah by me and all pharmacists under my supervision to any person other than an inpatient in a licensed health care facility in accordance with Section 58-37-7.5 of the Utah Controlled Substances Act.

_____I have read and understand Section 58-37-7.5 of the Utah Controlled Substances Act.

Signature of Pharmacist-In-Charge: _____Date:_____

AFFIDAVIT and RELEASE AUTHORIZATION

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division in conjunction with this application or its supporting documents meets the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

Signature of Applicant:_____

Date of Signature:_____

Printed Name of Applicant: _____